Democracy Dies in Darkness

Opinion

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'WHY SHOULD AIDS BE A PRIVILEGED DISEASE?'

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AIDS is public health enemy No. 1, says President Reagan. It is on every front page, on every candidate's lips. Everyone agrees: we need to do more. Sen. Robert Dole has the presidential candidate's standard AIDS formulation, calling for spending "whatever resources {are} necessary to get the job done."

"Whatever resources?" When politicians are unanimous on any issue, it is time to pause. Sen. Al Gore has called for a "Manhattan Project" on AIDS. Why should the fight against AIDS be the exclusive beneficiary of a massive government effort?

Because AIDS is fatal? Since 1981 AIDS has killed about 20,000 Americans. Heart disease kills 65,000 every month. Because AIDS strikes young people in the prime of their lives? Schizophrenia, which afflicts 1,650,000 Americans, is also a disease of young people. It destroys their minds. (Many of the wretched homeless are finishing long careers as schizophrenics.) Because AIDS is going to strike a lot of people in the future? The surgeon general estimates that by the end of 1991 a total of 270,000 AIDS cases will have occurred. This year alone there will be 965,000 new cancer cases.

It is not good politics to come out against an AIDS cure, but it is worth asking the question: Why should AIDS be a privileged disease -- federally protected, as it were -- while other diseases, many of which cause suffering in many more Americans, are not?

The only possible answer is that AIDS is such an explosive threat to society that it must be stopped now. The key to this claim is that AIDS is breaking through to the general population. But the latest numbers from the Centers for Disease Control indicate otherwise. AIDS remains largely confined to two groups: male homosexuals and`IV`drug abusers. They continue to account for 9 out of 10 AIDS cases. Heterosexual transmission accounts for no more than 4 percent of cases.

A Berkeley study presented in Washington at the Third International Conference on AIDS demonstrates how difficult heterosexual transmission really is. It showed that women whose partners had AIDS needed a very large number of sexual contacts before contracting the disease. For example, of women who had sex more than 600 times with an AIDS patient, only one in three contracted the disease. (If 1 percent of random males is an AIDS carrier, a woman would thus need 60,000 individual sexual contacts with American males to incur a one-third chance of contracting AIDS.)

It is true that in Africa AIDS is a heterosexual disease, but that simply is not so in America. There is

nothing odd or startling about this. Many diseases have different epidemiologies in different parts of the world. In the United States, AIDS remains a disease principally of two major risk groups.

Of the two, drug abusers are not organized. Gays are. Gay rights groups have turned AIDS into a political issue. They have two principal demands on the government: immediate cure and no testing. And they have not been reticent about their wishes. During the Washington conference, there were many political demonstrations. A sit-down outside the White House featured chants of "Reagan, Reagan, too little, too late." Pamphlets distributed at the conference urged the booing of administration officials who proposed testing. And booed they were, despite the fact that the proposals they offered were tentative and moderate.

Vice President George Bush suggested testing aliens who seek entry to the United States. Boo. He proposed testing prisoners. (Also reasonable: you cannot stop all homosexual rape in prisons, but, by segregating those who are AIDS-positive, you can prevent a rape from becoming a death sentence.) Boo again. He proposed testing couples about to marry. (Also reasonable: it might prevent a finite number of children being born with AIDS.) More boos.

Gays have every right, of course, to lobby for AIDS. But the general public has an equal right to question their sense of entitlement. Other groups have other diseases, some just as terrible, some more so. Medical claims on society, like nonmedical claims, must be tested against each other. Yet the AIDS constituency has been adamant in demanding special protection.

And getting it. Last August, the District of Columbia made it illegal for insurance companies to require routine AIDS tests for people applying for life and health insurance. Normally, insurance companies want to know whether you are subject to a life-threatening illness. Getting insurance is difficult if you are. The callousness of the actuarial table is an argument perhaps for national health insurance. It is not an argument for giving a special exemption to those carrying the AIDS virus.

Where does this sense of entitlement come from? After all, unlike, say, a brain tumor, AIDS is preventable. We know exactly how to contract it and exactly how to prevent it. Preventative measures are not particularly complicated. Moreover, they are all within the power of the individual to control.

With rare exceptions, contracting AIDS is like contracting lung cancer: it requires the collaboration of the victim. That is not true of many other catastrophic illnesses. This does not mean that AIDS victims deserve neither our compassion nor our support. It does mean that those who claim that AIDS victims deserve special compassion and special support have some explaining to do. They have not done it.

On Capitol Hill, when money is preferentially funneled to a particular disease in the news, cynics call it the "disease of the month club" syndrome. AIDS is turning into the disease of the decade. It is hard to speak dispassionately about AIDS without getting booed.

AIDS deserves funding and its victims our care. But AIDS is not the pandemic its publicists would like us to believe, nor does it merit its privileged position at the head of every line of human misfortunes that make claims on our resources, attention and compassion. It is a disease. You would not know it

from reading the papers, but there are others.